



Department of Agriculture, Trade and Consumer Protection

Telemarketing/No Call

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Provide business name, if you are filing on behalf of a business: _____

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____
(Provide business address when filing on behalf of a business.)

City: _____ State: _____ Zip: _____ County: _____

2. What telemarketer is your complaint against?

Name of telemarketing firm: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Name of company telemarketer was soliciting for: _____

Phone number appearing on Caller ID (if available): _____

Any other numbers provided by telemarketer: _____

Name of person you talked to: _____ Title: _____

Manager's name (if available): _____

Business email: _____ Business website: _____

Information about your complaint

3. Did you receive a phone call or text message? ☐ phone call ☐ text message

4. Date of call/text: _____ Time: _____:_____ ☐ a.m. ☐ p.m. Length of call in minutes: _____

5. Your age or age of person who spoke to telemarketer? Age: (circle one) 0-17 18-61 62 or older

6. What product, service, prize or contest was offered? _____

7. Telemarketer said they got your number from? _____

8. Please answer the following questions:

What number was called by the telemarketer? () _____ ☐ Home ☐ Cell ☐ Work ☐ Business

At the time of the call/text, was this phone number registered on Wisconsin's No Call Registry? ☐ yes ☐ no

Did you tell the telemarketer your phone number is on Wisconsin's No Call Registry? ☐ yes ☐ no

What did the telemarketer say? _____

Was the telemarketer seeking a donation for a charitable cause? ☐ yes ☐ no

What or who was it for? _____

Was the phone number or message saved on Caller ID, a message machine or another service? ☐ yes ☐ no

IMPORTANT: More questions on the back page (over)

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Was caller identification blocked by the telemarketer? ☐ yes ☐ no

Did you previously buy goods or services from the company? ☐ yes ☐ no

When and what did you buy? _____

Did the telemarketer use threatening, intimidating or profane language? ☐ yes ☐ no

Was the telemarketing message a recording i.e., no "live" person greeted you? ☐ yes ☐ no

Has the telemarketer or company called before and did you tell them not to call back? ☐ yes ☐ no

What date was this? _____

Did the telemarketer identify her/himself? ☐ yes ☐ no

Did the telemarketer identify the company they were representing? ☐ yes ☐ no

Were you asked if you wanted to listen to a sales pitch? ☐ yes ☐ no

Did the telemarketer explain the purpose of the call? ☐ yes ☐ no

Did the telemarketer clearly and simply describe what they were selling? ☐ yes ☐ no

Did the telemarketer immediately end the call if you said you were not interested? ☐ yes ☐ no

9. Did the telemarketer mail any follow-up information to you? ☐ yes ☐ no If yes, please attach to complaint.

10. Would you be willing to testify in court regarding this complaint if needed? ☐ yes ☐ no

11. May we contact your telecommunications carrier to obtain any records related to this call? ☐ yes ☐ no

12. Describe your complaint in detail. _____

13. How do you feel your complaint should be resolved? *(please be specific)* _____

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: _____ Date: _____

Return this form and copies of your papers to:

BUREAU of CONSUMER PROTECTION
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911

EMAIL: DATCPHotline@wi.gov

WEBSITE: datcp.wi.gov

(800) 422-7128

FAX: (608) 224-4677

TDD: (608) 224-5058